



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

BOARD OF COSMETOLOGY AND BARBERING APPRENTICESHIP REQUIREMENTS

1. Application must be signed by the apprentice, shop owner and sponsor, who must be a currently Delaware licensed cosmetologist, barber, nail technician, electrologist or aesthetician. (Example: Cosmetology Apprentice must be supervised by a licensed cosmetologist, nail technician apprentice must be supervised by a licensed nail technician or licensed cosmetologist, etc.) **Only one apprentice per licensed supervisor. All incomplete applications will be returned.**
2. Copy of high school diploma, GED, or **official transcript** indicating completion of 10th grade. Copy of legal document showing name change if name is different than the name under which applying.
3. Non-refundable processing fee of \$11.00. Check or money order made payable to "State of Delaware". Cash is not accepted.
4. Contact the testing service at (888) 822-3272 for an exam application after completing the apprenticeship

Rules and Regulations are found on www.dpr.delaware.gov

12.1 Any person applying for licensure as a **cosmetologist** or **barber** through apprenticeship must complete the necessary apprentice hours **(3000)** in not less than eighteen (18) months and not more than 48 months.

12.2 Any person applying for licensure as a **nail technician** through apprenticeship must complete the necessary apprentice hours **(250)** in not less than six (6) weeks and not more than 24 months.

12.3 Any person applying for licensure as an **electrologist** through apprenticeship must complete the necessary apprentice hours **(600)** in not less than fifteen (15) weeks and not more than 36 months.

12.4 Any person applying for certification as an **aesthetician** through apprenticeship must complete the necessary apprentice hours **(600)** in not less than fifteen (15) weeks and not more than 36 months.

12.5 On written application to the Board prior to completion of the apprenticeship, the Board may grant extensions to these time frames for good cause shown.



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BOARD OF COSMETOLOGY AND BARBERING
APPRENTICE ENROLLMENT FORM

This apprentice application must be completed and sent to the Delaware Board of Cosmetology and Barbering, at the above address, **prior to beginning apprenticeship and accruing credit hours. Only one (1) apprentice is allowed per licensed supervisor.**

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip Code _____

SSN# _____ - _____ - _____

Phone # _____ Email _____

High school attended _____ Grade completed _____

Attach copy of high school diploma/GED or official transcript. Tenth grade applicants must provide official transcript indicating completion of 10th grade or official letter from high school last attended.

Name of Shop _____ Phone # _____

Address _____ City _____ Zip code _____

Course of Study _____ Start Date _____
Cosmetology, Barber, Nail Technician, Aesthetician, Electrology

Full time? _____ (not to exceed 10 hrs. per day, 40 hours per week) If more than 40 hours, attach copy of written, signed agreement. If part time, give details as to training procedures: _____

Previous apprenticeship in Delaware?

Yes ___ No ___ If yes, with whom? _____

Course of study _____ From _____ To _____
Mo/Year Mo/Year

In accordance with Section 5117§ (b), "No beauty salon, barber shop, nail salon or electrology establishment shall accept an apprentice unless said salon or shop shall have

on its staff a least 1 individual licensed in the profession for which instruction is being provided".

Name of Shop Owner (please print): _____

Shop Owner's Signature: _____ Date: _____

Name of Supervisor (please print): _____

Supervisor's Signature: _____ Date: _____

Supervisor's Cosmetology License Number: _____ Exp. Date: _____

Apprentice's Signature: _____ Date: _____

Have you been the recipient of any administrative penalties regarding your licensed practice, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocation for nonpayment of license renewal fees), probationary limitations, or have ever entered into any consent agreements, or surrendered a license voluntarily? Yes____ No____ **If yes, submit a letter giving a complete explanation.**

Are any unresolved complaints pending against you in any jurisdiction? Yes____ No____ If yes, submit a letter giving a complete explanation. **Include copies of all appropriate records.**

Do you have any impairment related to drugs or alcohol that would limit your practice of cosmetology? Yes____ No____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes____ No____ **If yes, submit a certified copy of your criminal history record.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I, _____, do hereby certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license.

I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

This _____ day of _____, _____, _____
Signature of Applicant

State of _____

S.S.

County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires _____
Signature of Notary Public

SEAL

Checklist:

1. _____ Completed application and applied signatures.
2. _____ Non-refundable \$11.00 license fee, payable to "State of Delaware".
3. _____ Attached copy of diploma, GED or transcript indicating completion of 10th grade.
4. _____ Supervisor is required to keep a copy of the apprentice's application.
5. _____ Copy of legal document showing name change if the name on your diploma, GED or transcript is different than the name in which you are applying under.
6. _____ Supporting documentation for questions answered "yes".

Upon completion or termination of the apprenticeship program, the supervisor must submit the verification of completion/termination form and the apprentice's official permit to the Board of Cosmetology and Barbering.

Contact PCS Testing Service at (888) 822-3272 for the examination application. All complete applications must be filed with the testing service 60 days before the exam date.

December 1 for February Boards,
April 1 for June Boards and
August 1 for October Boards

Direct all questions about the examination to the testing service.